

MASS. HS30.2: A11/2/2



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# AIDS

ACQUIRED IMMUNE DEFICIENCY SYNDROME

## Adolescent HIV Counseling and Testing Policy

GOVERNMENT DOCUMENT  
COLLECTION

JUN 14 1991

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Supplement to the  
"Guidelines for Physicians and Health Care Providers  
on HIV Counseling, Testing and Early Treatment"

December 1990

Massachusetts Department of Public Health

911/123



Michael S. Dukakis, Governor  
Philip W. Johnston, Secretary of Human Services  
David H. Mulligan, Commissioner of Public Health  
Duane Draper, Director, AIDS Office

December 1990

## INTRODUCTION

The behaviors that put adolescents at risk for HIV infection are the same as those which put adults at risk. However, there is a tremendous difference between the way adolescents and adults understand, process and react to information. It is because of these differences that the context, process and pace with which one introduces HIV counseling and testing to adolescents must be specifically tailored to meet the needs of this population.

As part of routine health care, adolescent health care providers and counselors should be talking with their clients about HIV risk assessment and risk reduction. Once it has been identified that an adolescent is at risk for HIV infection, the option of HIV antibody testing should be raised by the provider in a sensitive, developmentally appropriate manner.

The ultimate decision of whether to test must be made by the adolescent with the assistance of the health care provider and other trusted adults when appropriate, and on a case-by-case basis. The decision must take into account the adolescent's sexual, behavioral, substance use and abuse, mental health, and medical history and the possible benefits and risks of testing for that adolescent.

Testing should always be accompanied by adequate medical, social and residential resources. Any setting or site that offers testing to adolescents must have services or an adequate referral system in place to provide culturally sensitive medical, psychosocial, and drug treatment options. Persons making referrals should be aware of the range of social, medical and mental health issues involved, and should ensure that adolescents are linked with needed referrals.

For the purpose of this policy adolescence is defined chronologically as ages thirteen to eighteen. There is enormous variation in maturation rates physically, emotionally, and cognitively within this age span and through the young adult period. Each individual adolescent's level of maturity needs to be taken into account when approaching the issue of HIV counseling and testing. In the same light, many individuals over the age of eighteen remain in need of developmentally appropriate counseling and other services. Similar issues will occasionally arise in younger children who have reached puberty prior to age thirteen.

This policy and all testing guidelines should be reviewed and modified if necessary, on an ongoing basis dependent on the outcome of research studies of the impact of HIV testing on adolescents and other pertinent issues such as medical treatment of HIV.

## SUMMARY POINTS

- Any HIV testing of adolescents should occur based only on expected benefits to adolescents.
- Implicit in consideration of adolescent risk for HIV infection is the need for a careful, complete, and confidential sexual, behavioral, and psychosocial history from every adolescent presenting for health care. If an adolescent is at high-risk for HIV infection based on this assessment, the possibility of testing should be raised in a sensitive manner and should be considered as a possible option.
- If certain serious problems are presented by an adolescent during a pre-test counseling session, such as current physical and/or sexual abuse, alcohol and/or drug addiction, homelessness, or suicidal ideation, the counselor should focus on assisting with these issues before proceeding with HIV counseling. The adolescent should be linked with appropriate resources and referrals.
- By Massachusetts law, testing may be performed only when written, informed consent is freely given.
- In Massachusetts, adolescents are eligible to consent to HIV testing under the existing laws.
- Adolescents are best served in a setting that permits continuity of care. Therefore, it is recommended that adolescents are tested confidentially, rather than anonymously as they would be at anonymous testing sites. However, by virtue of their right to consent to anonymous testing, adolescents may not be denied access to anonymous testing.
- When HIV testing is indicated, based on risk behaviors of an adolescent, clinical criteria, or an appropriate request by an adolescent, it should be conducted in easily accessible settings where pre- and post-test counseling that is sensitive, developmentally, culturally, and linguistically appropriate is available. Appropriate referrals to follow-up mental health and medical care must be made, and providers must insure that adolescents are linked with these referrals.
- Adolescents should be helped to identify a supportive parent or other adult in the testing procedure and in follow-up care. If this person cannot be identified by the adolescent, the agency will identify an appropriate provider.
- Maintaining confidentiality of HIV testing information concerning adolescents in conformity with both state law and the highest ethical standards is essential.
- Special sensitivity is required with respect to the risk of coercion and loss of confidentiality in specialized settings, such as detention facilities and residential treatment programs, or when in any kind of state custody such as DSS or DYS. Special safeguards should be employed to ensure that this does not occur.



# RECOMMENDATIONS

## *HIV Antibody Testing*

- Voluntary testing for HIV infection should be offered with great sensitivity and appropriate counseling to any adolescent:
  - a. who has signs or symptoms consistent with AIDS or HIV disease without an alternative diagnosis;
  - b. who voluntarily requests testing;  
In this situation, the client's desire and reason for requesting testing should be explored carefully and the adolescent should be fully counseled about the benefits and risks of testing and about the need for adequate follow-up.
  - c. who engages in behaviors that put him/her at high-risk for HIV infection.

***Testing is not necessarily appropriate for all adolescents listed below. However, the process to ensure thoughtful consideration about counseling and testing should be initiated and discussed with these adolescents.***

The following are considered by the Department of Public Health to be adolescents at high-risk:

- Adolescent males who have had sex with other males.
  - Adolescents who have shared drug injection equipment, needles or "works."
  - Adolescents who practice high risk sexual activity in conjunction with drug or alcohol use; for example, crack users.
  - Recipients of blood transfusions or blood products between 1978 and 1985.
  - Male and/or female sexual partners of any of the above:
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***This recommendation needs to be interpreted more broadly than with adults because the epidemiology of adolescent HIV disease reflects a higher incidence of "heterosexual" transmission, i.e. via penile-vaginal intercourse. In addition, the likelihood that an adolescent is able to accurately assess the sexual history of a partner is small. Therefore, it is important to carefully assess the risk level of all sexually active teenagers.***

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- Adolescents diagnosed with syphilis, chancroid, genital herpes, or tuberculosis.
- Infants born to or being nursed by young women who are HIV positive.

## ***Counseling and Support***

- Adequate pre- and post-test counseling and support must be provided to any adolescent who is being tested for HIV. The counseling and support services should be designed to meet adolescents' needs, including the needs of special populations of adolescents. These special populations of adolescents may include but are not limited to immigrants, homeless youth, residents of institutions such as detention facilities, youth in foster care, gay and lesbian youth, physically challenged youth, youth with a history of sexual abuse, youth involved in prostitution, and in IV or other substance use. The counseling should be sensitive, age appropriate, culturally specific in the adolescent's own language, and geared to the adolescent's cognitive abilities. Post-test counseling for all clients must include referral for medical and psychosocial follow-up.
- Whenever possible, each adolescent should be encouraged to identify an adult (family member, guardian, or other) who will provide social and emotional support to and involvement with the adolescent during and after the testing process. If an adult is not available, the agency should provide a trained staff person. Support from a responsible adult should be encouraged even in the setting of anonymous test sites.

## ***Consent for Testing***

- Written, informed consent for an HIV antibody test is required by chapter 111, section 70F of the Massachusetts General Laws. This law also requires written, informed consent before the fact that someone has been tested or test results can be disclosed.
- Chapter 112, section 12F of the Massachusetts General Laws permits minors to consent to diagnosis and care where they believe that they have been exposed to a dangerous disease. In its regulations on reporting of dangerous diseases, the Department of Public Health has classified AIDS, but not HIV, as a dangerous disease. Since HIV antibody testing can be regarded as the first of many steps in the process of monitoring for, and potentially diagnosing, what has been classified by the Department as a dangerous disease, it appears that minors who believe that they have been exposed to HIV have the legal authority to consent to an HIV antibody test.
- The DPH strongly recommends that at a minimum, consent must include:
  - a. a statement of the voluntary nature of the procedure;
  - b. a comprehensive, developmentally appropriate, culturally relevant explanation of the risks and benefits of testing for the adolescent;
  - c. specification of what information will be disclosed in the medical record;
  - d. identification of who will have access to the information, including the test result;
  - e. identification of post-test counseling and follow-up to interpret the test and results, and to identify sources of additional information, counseling, and medical services;
  - f. encouragement to identify a significant adult for support.
- For individuals who are unable to make decisions regarding sexual or medical matters or to give informed consent to an HIV antibody test, such as some mentally retarded adolescents, testing should be made available based upon consent by a parent or legal guardian, or by a court, but only if there is demonstrated risk to the adolescent of exposure to HIV infection.

## *Confidentiality*

- Adolescents have the same right to confidentiality of HIV-related medical information as do adults.
- Massachusetts law and conditions for licensure require strict confidentiality of all medical, mental health, and substance abuse records in any health institution. Health institutions must be able to ensure strict confidentiality of HIV and all medical information.
- All institutions and agencies under whose authority files are maintained that may contain individual HIV test results must take steps to assure that all HIV test results are kept strictly confidential. Some institutions have chosen to establish alternative record-keeping systems that best accomplish this, including separate, auxiliary confidential files or non-name-linked files.
- In particular, any residential institution or facility that has information concerning the HIV status of any of its adolescent residents should take extraordinary precautions against breaches of confidentiality and unauthorized disclosure of such information.
- If an adolescent cannot pay for an HIV test when that test is indicated on medical and other grounds, the cost should be assumed by the institution providing care or by public funding sources. Billing for testing must not be permitted to breach the confidentiality of the adolescent's medical record or test results. Providers should reevaluate their existing credit and collection policies to assure that billing will not breach the confidentiality of an adolescent's care.

## **The DPH Opposes Routine and Mandatory Testing**

- In juvenile detention or correctional facilities, foster care, and other residential programs for youth, routine or mandatory HIV testing should not be conducted. In such settings, youth should be given access to voluntary, confidential testing and counseling and other supportive services according to the same criteria that apply to other individual adolescents not in these settings.
- There is currently no indication for routine HIV testing of adolescent victims of sexual abuse or victimization. Adolescents seeking testing following sexual assault should be encouraged first to seek counseling to help them cope with the assault and/or abuse. In these situations the decision to test should be made with the adolescent on a case by case basis and at a time when the adolescent is emotionally stable.
- Mandatory HIV testing of any group of adolescents is not appropriate. Excluding blood, semen, and organ donors, there are presently no indicators for mandatory testing or screening given the current state of scientific evidence.
- In view of mandatory admission testing already occurring in some programs involving adolescents, such as the Job Corps and the United States Armed Forces, these groups are strongly urged to reconsider their screening policies. At a minimum, if mandatory testing is to continue in these programs, the manner of disclosure of test results to applicants who have tested seropositive, as well as the need for appropriate pre- and post-test counseling and supportive services to these individuals should be reevaluated.



## Order Form:

### ***Recommended Guidelines for Adolescent HIV Counseling and Testing***

The Massachusetts Department of Public Health has coordinated an advisory group of representatives from state and community agencies to develop a set of guidelines for adolescent HIV counseling and testing. The guidelines have been developed to accompany the ***Adolescent HIV Counseling and Testing Policy***. They provide an overview of issues specific to adolescents and outline comprehensive recommendations for the content of pre- and post-test counseling sessions.

As of December, 1990 a draft of these guidelines is being circulated for additional input by adolescent providers. To order copies please fill out the information below.

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Please send one copy of the ***Recommended Guidelines for Adolescent HIV Counseling and Testing***.

Name \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Return this form to:

Adolescent HIV Counseling and Testing Guidelines  
AIDS Office  
Department of Public Health  
150 Tremont Street  
Boston, MA 02111

# **AIDS INFORMATION LINES IN MASSACHUSETTS**

## ***AIDS Action Line***

1-800-235-2331; (617) 536-7733 within the Boston Area  
Monday-Friday 9am-9pm; Saturday 10am-4pm; Sunday 12pm-4pm

## ***AIDS Hotline, City of Boston***

(617) 424-5916  
Monday-Friday 8:30am-4:30pm

## ***AIDS Hotline***

### ***Somerville Portuguese-American League (SPAL)***

1-800-232-SPAL  
Monday-Saturday 9am-5pm (recorded message after hours, Portuguese available)

## ***Boston Alliance of Gay and Lesbian Youth (BAGLY) Hotline***

1-800-42-BAGLY Available 24 hours

## ***Latino AIDS Hotline***

### ***Inquilinos Boricuas en Accion/Latino Health Network***

1-800-637-3776; (617) 262-7248 within the Boston area  
Monday-Friday 12pm-10pm (Spanish available)

## ***Massachusetts Alcoholism and Drug Services Information and Referral Hotline***

1-800-637-5050; (617) 445-1400 within the Boston area  
Available 24 hours

## ***Massachusetts Department of Public Health AIDS Office***

Policy, planning, program development, technical assistance  
(617) 727-0368  
Monday-Friday 9:00am-5:00pm

## ***Massachusetts HIV Antibody Testing Program***

### ***Massachusetts Department of Public Health***

(617) 727-6971, 72, 73 (collect calls accepted)  
Monday-Friday 8am-6pm (Spanish, Portuguese, and French available)

## ***Massachusetts Behavioral Resources Program (BRP): Support Services for Seropositive Individuals***

### ***Massachusetts Department of Public Health***

1-800-443-AIDS  
Monday-Friday 9:00am-5:00pm

## ***Multilingual Helpline, International Institute of Greater Lawrence***

(508) 688-HELP  
Monday-Friday 8:30am-4:30pm  
(Spanish, French, Gujarati, Hindi, Khmer, Malayan, Tamil, Vietnamese available)

## ***Samariteens, Teenage Suicide Hotline***

(617) 247-8050  
Seven days a week 3:00pm-9:00pm

## ***The Teen Line***

### ***Department of Health and Hospitals, City of Boston***

(617) 424-5700  
Monday-Friday 9am-5pm

Portions of this policy have been adapted from a paper which appeared in the Journal of Adolescent Health Care, Volume 10, Number 3 Supplement, May, 1989 entitled "AIDS Testing and Epidemiology for Youth."

